

To the Chairman and Councillors of
the Rural District of Stratton

Mr. Chairman, Ladies and Gentlemen:

In accordance with the Ministry of Health's circular 2/50 of January, I have the honour to present the Annual Report on the Health and Sanitary Conditions of the District for the year 1949.

This is my first full year as your Medical Officer of Health, and it has now been possible for me to obtain a good working knowledge of the district.

The health of the population may be regarded as satisfactory, and good progress has been made by the Council, both in the provision of houses, and the erection of sewerage works.

The Council is to be congratulated on the excellence of the houses erected, and every credit is due to your Clerk and Sanitary Inspector for their work in this connection. The important problem of providing adequate water for a large district still remains, and the Council's efforts in this matter are worthy of full support by the Ministry.

I wish to thank your Sanitary Inspector and Surveyor for his unfailing assistance given to me in the course of my duties and for the great help rendered in the preparation of this report.

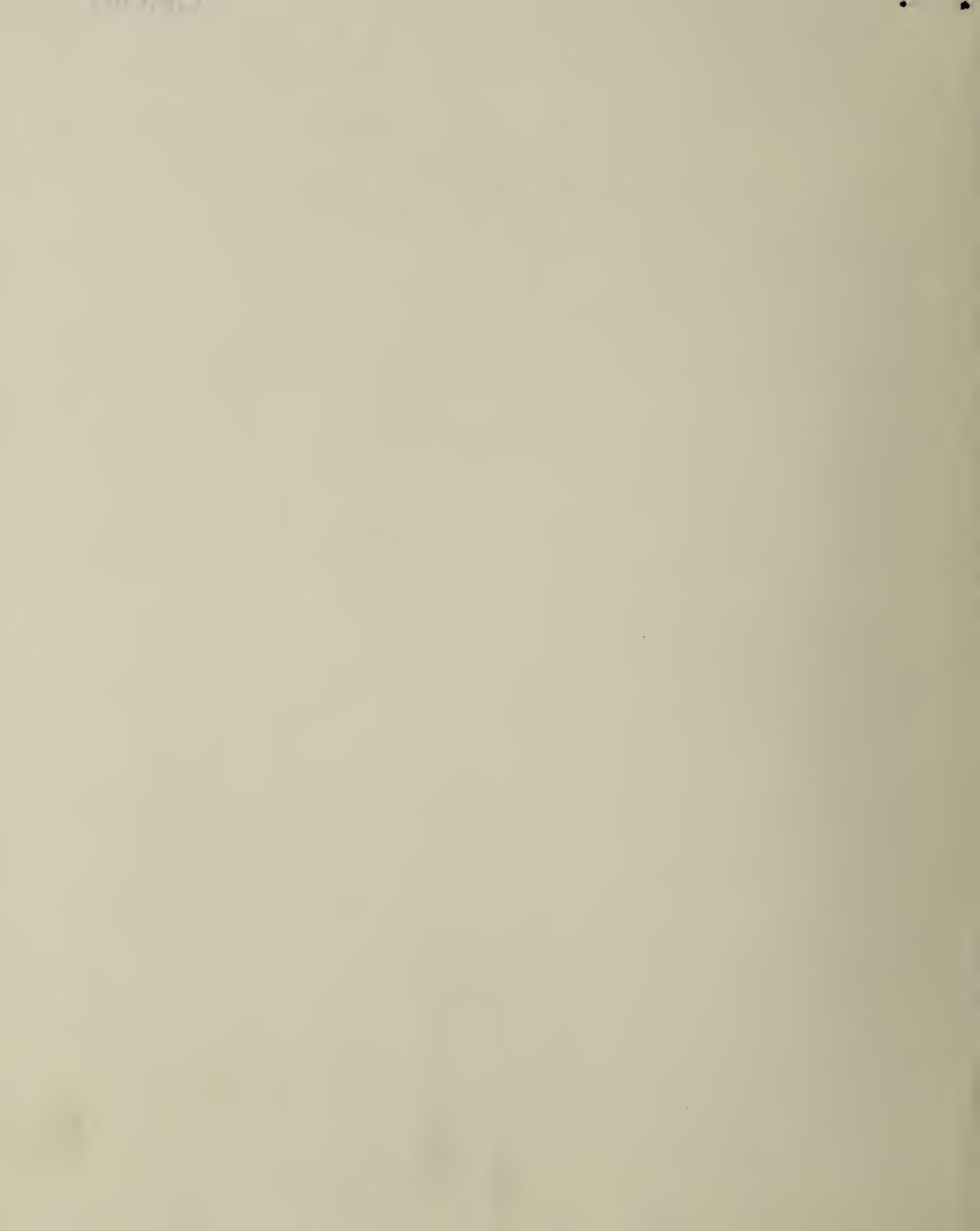
I am, Ladies and Gentlemen,

Your obedient Servant,

L. RICH.

Medical Officer of Health.

Health Area Office,
Castle Green,
LAUNCESTON,
Cornwall.
September 1950.



Report of the Medical Officer of Health
for the Rural District of Stratton for
the year ending 31st December 1949.

SECTION A.

Social Conditions of Area
and Statistics:

Summary of Vital Statistics

Area in acres	56,285	(56,285)
Population	5,322	(5,090) (incl. Cleave Camp)
No. of separate dwellings occupied in 1949	1,590	(1,560)
Rateable value in 1948	£23,654	(£23,654)
Product of ld. rate	£98.17.7.	(£101.12.11d.)

<u>Live Births</u>	<u>Total</u>	<u>Male</u>	<u>Female</u>
Legitimate	83 (87)	50 (42)	33 (45)
Illegitimate	4 (9)	1 (5)	3 (4)

Birth rate per 1,000 of population 16.34 (18.86)

<u>Stillbirths</u>	<u>Total</u>	<u>Male</u>	<u>Female</u>
Legitimate	2 (2)	1 (2)	1 (-)
Illegitimate	- (-)	- (-)	- (-)

<u>Deaths of Infants under 1 year</u>	<u>Total</u>	<u>Male</u>	<u>Female</u>
Legitimate	1(4)	1 (3)	- (1)
Illegitimate	1(1)	- (1)	1 (-)

Infant mortality rate 22.98 (52.8)

<u>Deaths of all causes</u>	<u>Total</u>	<u>Male</u>	<u>Female</u>
	67 (71)	34 (33)	33 (38)

Death rate per 1,000 of the population 12.58 (13.95)
(Figures in brackets for 1948)

The registered causes of death were:-

Causes of death	Male	Female	Total
1. Typhoid and Paratyphoid fevers	-(-)	-(-)	-(-)
2. Cerebro-spinal fever	-(-)	-(-)	-(-)
3. Scarlet fever	-(-)	-(-)	-(-)
4. Whooping cough	-(-)	-(-)	-(-)
5. Diphtheria	-(-)	-(-)	-(-)
6. Tuberculosis - respiratory	-(-)	1(1)	1(1)
7. Tuberculosis - other forms	-(-)	-(-)	-(-)
8. Syphilitic diseases	-(-)	-(-)	-(-)
9. Influenza	-(-)	-(-)	-(-)
10. Measles	-(-)	-(-)	-(-)
11. Acute Poliomyelitis: Polio Encephalitis	1(-)	-(-)	1(-)
12. Acute Infectious Encephalitis	-(-)	-(-)	-(-)
13. Cancer of Buccal Cavity and Oesophagus	1(-)	1(-)	2(-)
14. Cancer of Stomach and Duodenum	1(1)	-(1)	1(2)
15. Cancer of Breast	-(-)	1(-)	1(-)
16. Cancer of all other sites	6(1)	3(4)	9(5)
17. Diabetes	-(-)	-(1)	-(1)
18. Intra Cranial Vascular Lesions	7(1)	6(6)	13(7)
19. Heart Disease	4(13)	12(13)	16(26)
20. Other Diseases of Circulation	1(-)	1(2)	2(2)
21. Bronchitis	-(-)	-(1)	-(2)
22. Pneumonia	1(2)	1(4)	2(6)
23. Other Respiratory Diseases	-(-)	1(1)	1(3)
24. Ulcer of Stomach or Duodenum	-(-)	-(-)	-(-)
25. Diarrhoea (under 2 years)	-(-)	-(-)	-(-)
26. Appendicitis	-(-)	-(-)	-(-)
27. Other digestive disorders	-(-)	-(-)	-(-)
28. Nephritis	-(-)	2(-)	2(3)
29. Puerperal and Post Abortive Sepsis	-(-)	-(-)	-(-)
30. Other Maternal Causes	-(-)	-(-)	-(-)
31. Premature Birth	-(1)	1(-)	1(1)
32. Congenital Malformation: Birth Injury: Infantile Disorders	1(2)	-(1)	1(3)
33. Suicide	1(1)	-(-)	1(1)
34. Road Traffic Accidents	1(-)	-(-)	1(-)
35. Other Violent causes	2(1)	-(1)	2(2)
36. All other causes	7(4)	3(2)	10(6)

(Figures in brackets for 1948.)

SECTION B.

General Provision of Health Services

a. LABORATORY FACILITIES

The Council has the free use of the Public Health Laboratory, Exeter, for the bacteriological analyses of water, milk, icecream, and food samples. In addition, examinations are carried out on swabs and specimens submitted to enable diagnosis of infectious diseases to be made.

From this Laboratory too, we now obtain material for immunisation and vaccination and stocks of Anti-sera are kept always immediately available at the Stratton hospital.

b. CLINIC FACILITIES.

Infant Welfare Clinics. Regular fortnightly Infant Welfare Clinics are held in The Castle, Bude. The number of infant attendances below the age of 5 years seen at the Clinic during the year 1949 was 743. The main object of this Clinic is to apply the principles of Preventive Medicine and to carry out a comprehensive Health Education Scheme.

In addition to the regular Clinics several talking film demonstrations were given during the year and it is proposed to provide ourselves with our own Still Projector unit and build up a Library of appropriate film strips.

The subjects of these shows cover a variety of interesting and valuable aspects of Health Education such as Diphtheria immunisation, vaccination against Smallpox, Infant and Children's diets, correct posture, breast feeding, prevention of spread of respiratory diseases, the clean handling of food, the Ante-Natal care of the mother and a variety of similar valuable aspects.

It is difficult to assess the immediate or long term effect of this aspect of Preventive Medicine and I feel sure the effort must be made in order that a generation of children will be educated in the positive aspects of good health and so prevent many of the medical conditions arising which are costing the Nation at the present moment such an enormous sum of money.

Mothercraft Training. We have now commenced monthly Mothercraft Training Clinics, whose object is to teach the mother the fundamentals of labour and adequate preparation for the newborn child.

It is now definitely established that much of the fear and many of the difficulties experienced by the mother during the trials of labour and the first few weeks after the birth of the child, can

be considerably mitigated by a well prepared scheme of instruction, exercises and advice. The success of such a Clinic depends to a large extent on the knowledge and enthusiasm of the Nursing Staff, and here in Bude we are fortunate in possessing such a staff. It is now apparent from the number of the mothers who attend this Clinic, that the training is much appreciated. Already we have definite evidence of the mental and physical relief which these patients derive from this work.

Orthopaedic Clinic. A weekly Orthopaedic Clinic is held at The Castle premises by members of the staff of the Regional Hospital Board and the Orthopaedic Surgeon from Plymouth is available once a month.

Eye Clinic. An Eye Clinic for the treatment of errors of refraction amongst school children was started at The Castle during the year and an Eye Specialist from Plymouth is available.

Dental Clinic. It is with great regret that I have to report that we still have no regular School Dentist. The Senior School Dental Officer does, on occasions, come to Bude to deal with Orthodontic cases and such urgencies as are referred to him by me. There has been no regular inspection of school children for the past two years. Before the National Health Service Act, the Dental Service provided by the County Council did valuable work, not only in treatment, but in prevention of dental defects. While it is possible for parents to take their children to the Dentists in general practice free of charge, and many parents do this, the greater proportion of children get no regular dental inspection. The future treatment of these neglected cases will, I feel sure, cost the country more than if we now provided a School Dentist at a realistic salary.

c. AMBULANCE SERVICE.

During the year, the County Council, who is the Ambulance Authority, instituted a County Call-out System. The main object of this was to have some means of co-ordinating the County Ambulance Service as a whole in order to run the Ambulance Service as economically as possible and to cope with the much increased demands for this type of transport. All that is now necessary for a Doctor to summon an ambulance, is to lift up his receiver and call "Ambulance" giving details of his requirements. It is then our duty to provide the nearest available ambulance in the shortest possible time and this relieves the Doctor of finding an alternate ambulance should the Bude Ambulance be already in use.

Since the inception of the National Health Act in July 1948, the work of the Ambulance Service in this area has doubled and although no figures are available of what work the ambulance did prior to July 1948, it is quite safe to say that the work now done

is at least three times as much. This is not the place to go into the reasons why this has occurred, but some are fairly obvious, such as the larger demands being made on the General Practitioners with the advent of a free Health Service. Despite the greatly increased volume of work, I am pleased to say that our Ambulance Service in Bude has met all its commitments and I have had several expressions of satisfaction from the General Practitioners on the courtesy, efficiency and speed with which all members of my staff are dealing with their cases.

d. HOSPITAL CAR SERVICE

During the year the demands of this Service have been greatly increased and it has been found necessary to provide a special Utilicar Ambulance stationed in Poundstock. Although this vehicle is primarily for the use of the sitting type of case, it can, in an emergency, be used as an ambulance and this has increased our cover.

One of the main reasons for allocating this vehicle to the area by the County Council, was to reduce the ever increasing costs of this Service and there is no doubt that a considerable saving has already been effected with no diminution of the efficiency of the Service. This vehicle is capable of carrying up to six patients to Hospital by arranging the duties in a suitable manner, whereas formerly several private cars would have been necessary to do the same work.

e. REGIONAL HOSPITAL BOARD

All hospitals are now under the control and management of the Regional Hospital Board.

The exercise of this control is through Hospital Management Committees, who co-ordinate the work of groups of hospitals in one particular area.

As Medical Officer of Health I am not involved in the running of the hospitals and the work they do is completely outside my jurisdiction and consequently I am not in a position to give any report on their activities.

This loss of control by the Medical Officers of Health over certain hospitals, particularly Isolation Hospital and Sanatoria is a serious blow to the prevention of disease.

Prior to July, 1948, the ruling authority over Isolation Hospitals and Sanatoria was the Medical Officer of Health who decided the type of case that should be admitted. We are now in a position when we have to accept the ruling of an Authority over the admission of cases to hospitals, who have no knowledge on local conditions.

In my view the Medical Officer of Health must be given the unquestioned right of admission of all infectious and tuberculosis

cases, working, of course, in co-operation with the Hospital Authorities and General Practitioners.

SECTION C.

a. DRAINAGE AND SEWERAGE

The Sewerage and Sewage Disposal arrangements in the district are as follows:-

Morwenstow. Sewerage and Sewage Disposal Schemes are provided in the hamlets of Shop and Woodford.

During the year under review a Sewerage and Sewage Disposal Scheme was carried out in the hamlet of Woolley which will serve all the houses in this hamlet together with the two Council houses recently erected. The scheme involved the laying of 384 yards of 6" glazed ware sewer together with construction of Sewage Disposal Works which consisted of Settling Tank, Filter Bed, Sludge Drying Bed, etc.

Kilkhampton. The scheme for the provision of a new Sewerage and Sewage Disposal Scheme at Kilkhampton, to remedy the exceedingly unsatisfactory conditions which now exists, is somewhat nearer fruition than it was at the time of my last report. Drawings and other details are now with the Ministry of Health and a Public Inquiry into the proposals has been held.

Launcells. The preparation of the proposed Sewerage and Sewage Disposal Scheme for the hamlet of Grimscott has been completed and the drawings deposited with the Ministry of Health. The Public Inquiry is awaited.

Marhamchurch. The improvement of the existing Sewerage and Sewage Disposal system which was commenced last year by the extension of the sewer to New Buildings has now been carried a stage further by the extension of the outfall sewer situated on the northern side of the village near Pinch Hill and the construction of Settling Tanks and Sludge Drying Beds. Prior to this work being carried out the sewage from the northern side of the village was discharged directly on to the land.

It is hoped that the Council, in the near future, may be in a position to carry out a further extension to the system so as to link up the existing sewer, serving the houses opposite the Bullers Arms, with the main system, thus abolishing the last unsatisfactory Sewage outfall which exists in this village.

The existing Sewage Disposal Works serving the southern side of the village continues to function in a satisfactory manner.

Week St. Mary. Week Green on the Southern side of the village of Week St. Mary has a modern Sewerage System, but the drainage arrangements for the remainder of the village are unsatisfactory.

As reported last year the Council's Consulting Engineers have been instructed to prepare a Sewerage and Sewage Disposal Scheme for the whole of the village. Their report is still awaited.

Whitstone. The existing sewerage system at Boot has been extended during the year to the Council's second post-war Housing Site on which it is intended to erect 8 houses, 4 of which are now in the course of construction.

Poundstock. The contract has been signed for the carrying out of the Sewerage and Sewage Disposal Scheme for the hamlet of Bangors and the Council's post-war Housing Estate. On account of shortage of labour it was not possible for the Contractor to commence work during 1949. At the time of the writing of this report, however, the work is in hand.

The Sewage Disposal arrangements at Widemouth Bay are not satisfactory. There has been very little development in this area since the war and in consequence of the recent call for economy in capital expenditure it is considered that the scheme for the construction of the proposed sea outfall is one which could be deferred for the time being.

Jacobstow. The houses in this Parish are very scattered and no Sewerage Scheme is necessary.

St. Gennys. It has not yet been possible to carry out the proposed Sewerage Scheme at Brockhill Road, but this scheme will have to be provided when further Council houses are erected in this part of the Parish.

b. Rivers and Streams.

Only one notification of unsatisfactory sewage effluent has been received from the County Council this year, and no other cases of pollution have been reported.

c. i. Closet Accommodation.

During the year under review some 17 pail closets have been converted to water closets.

The steady improvement reported on last year has thus been maintained.

There are still, however, a large number of pail closets in the Council's area.

ii. Public Cleansing.

During the year 2 acres of land at Calmady, Poundstock which has been rented as a refuse dump for some years past was purchased outright by the Council. In consequence of this action it has been possible to close down the dumps at Eaxhill, Week St. Mary and Pencuke, St. Gennys, thus reducing the number of recognised dumps in the Council's area to three.

Refuse collection is undertaken by the Council in all Parishes as set out hereunder:-

<u>Parish</u>	<u>Date of Collection</u>	<u>Refuse Dump</u>
<u>Morwenstow</u>	Last Saturday in each Month	Woolley Moor, Morwenstow.
<u>Kilkhampton</u>	Each Saturday from June to Sept. Fortnightly from Oct. to May.	Herdacott Lane, Kilkhampton.
<u>Stibb, Kilkhampton.</u>	Second Saturday in each Month	Herdacott Lane, Kilkhampton.
<u>Launcells.</u>	First Saturday in each Month	Herdacott Lane, Kilkhampton.
<u>Marhamchurch.</u>	Each Monday from June to Sept. Fortnightly from Oct. to May.	Poundstock.
<u>Week. St Mary.</u>	First Friday in each Month	Poundstock.
<u>Whitstone.</u>	First Friday in each Month	Poundstock.
<u>North Tamerton.</u>	First Friday in each Month	Poundstock.
<u>St. Gennys.</u>	Last Thursday in each Month	Poundstock.
<u>Jacobstow.</u>	First Tuesday in each Month	Poundstock.
<u>Widemouth Bay.</u>	Each Monday.	Poundstock.
<u>Poundstock.</u>	First Monday in each Month	Poundstock.

Public Conveniences.

Public Conveniences have been erected during the year in the Village of Kilkhampton.

Plans have been prepared for the erection of Public Conveniences at Widemouth Bay, Poundstock.

d. Shops.

The shops in the district are very small and during the year it has been possible to secure the closure of one unsatisfactory shop by informal action.

e. Camping Sites.

Number of Sites in respect of which licences have been issued under Section 269 of the Public Health Act 1936 - 5.

f. ROUTINE Inspections of the Area.

Total number of inspections made for all purposes	919
New Private Water supplies provided	4
No. of samples of water analysed	14
Satisfactory - 10. Unsatisfactory - 4.	
Existing water supplies improved	1
Pail or Privy closets converted to water closets	17
New drains laid to existing premises	19
Existing drains repaired	11
Complaints received	35
Nuisances abated	22
Cowsheds and Dairies inspected	28
No. of inspections of bakehouses	6
Premises fumigated	9
No. of inspections of Sewerage and Sewage Disposal Works	62

SECTION D.

HOUSING SURVEY.

a.	Number of New Houses erected during 1949	25
	By the Local Authority	22
	By other persons	3

b. Schools.

The schools have been inspected. No action has yet been taken by the County Council to improve the unsatisfactory sanitary arrangements at the Whitstone Council School. Representations have been made to the County Education Authorities on several occasions of the urgency of providing this school with a flush system for sanitation and disposal by septic tank. Sufficient rain water can be collected for this purpose. Also, this school is badly in need of a canteen. Apparatus has been lying around in the premises for a number of years, but no attempt has been made to erect the building. Children attend this school from many miles distant and high priority should be given for the provision of a canteen.

Inspection of Dwellinghouses during the year:

a.	Total number of dwellinghouses inspected for housing defects (under Public Health or Housing Acts)	123
b.	Number of inspections made for the purpose	219
c.	Number of dwellinghouses (included under sub-head (a)) which were inspected and recorded under the Housing Consolidated Regulations 1925	20
d.	Number of inspections made for the purpose	20
e.	Number of dwellinghouses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	7
f.	Number of dwellinghouses (exclusive of those referred to under the preceding sub-head) found not to be in all respects fit for human habitation.	48

Remedy of defects during the year without service of formal notice.

Number of dwellinghouses rendered fit in consequence of informal action by the Local Authority or their officers 24

Action under Statutory powers during the year.

a. Proceedings under Section 9, 10 and 16 of the Housing Act 1936.

- | | |
|--|-----|
| (i) Number of houses in respect of which notices were served requiring repairs | Nil |
| (ii) Number of houses which were rendered fit after service of formal notice: | |
| By Owners | Nil |
| By Local Authority in default of Owners | Nil |

b. Proceedings under Public Health Acts.

- | | |
|---|-----|
| (i) Number of dwellinghouses in respect of which notices were served requiring defects to be remedied | Nil |
| (ii) Number of dwellinghouses in which defects were remedied after service of formal notices: | |
| By Owners | Nil |
| By Local Authority in default of Owners | Nil |

c. Proceedings under Section 11 and 13 of the Housing Act 1936.

- | | |
|--|---|
| (i) Number of dwellinghouses in respect of which demolition orders were made | 1 |
| (ii) Number of dwellinghouses demolished in pursuance of Demolition Orders | 2 |

d. Proceedings under Section 12 of the Housing Act 1936

- | | |
|---|-----|
| (i) Number of separate tenements or underground rooms in respect of which closing orders were made. | Nil |
| (ii) Number of separate tenements or underground rooms in respect of which closing Orders were determined the tenement or room having been rendered fit | Nil |

Housing Acts. 1936 - Part IV - Overcrowding.

- | | |
|---|---|
| a. Number of dwellings overcrowded at the end of the year | 1 |
| b. Number of families dwelling therein | 1 |
| c. Number of persons dwelling therein | 6 |

Number of new cases reported during the year	2
Number of cases of overcrowding relieved during the year	1
Number of persons concerned in such cases	6
Particulars of any cases in which dwelling houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding	Nil
Any other particulars in respect of overcrowding conditions upon which the Medical Officer of Health may consider it desirable to report	
Arrangements have been made for the family referred to in (a) to be transferred to a Council house now in course of erection early in 1950.	

SECTION E.

Inspection and Supervision of Food.

Milk Supply. The Milk and Dairies Regulations 1949 which came into force on the 1st October 1949 provided for the transfer of the powers previously exercised by this Council in regard to the Production and distribution of milk to the Ministry of Agriculture and Fisheries. There are no distributors within the meaning of the Regulations in the Council's area.

Meat and other Foods. There are no slaughter houses in the district. Bake-houses have been inspected and are well kept.

Summary of food condemned :-

7 tins Fruit, meat etc.
71 packets Foodstuff
40 lbs. Semolina
12 bottles Cough Mixture
12 bottles of Sauce
 $\frac{3}{4}$ cwt. Flour
2 lbs. Butter
2 lbs. Jam

Rats and Mice Destruction.

A Rodent Operator who at present is employed by the Bude Urban District is employed by the Council to treat refuse dumps, the farms in the past having been dealt with by the Agricultural Committee, but under the new Rats and Mice Destruction Act the Council will have to provide a Rodent Operator, either by themselves, or in joint co-operation with other authorities who are dealing with private houses, food premises, hotels restaurants, etc.

Clean Food Campaign.

Your Council has adopted the Model Bye-laws for the protection and handling of food. Although these Bye-laws are a valuable step in the right direction, much more remains to be done before the Public can be adequately protected against Food Poisoning Organisms. Every effort is made when visiting Hotels, Cafes and Restaurants to impress on the proprietors the importance of the clean handling of food consumed by their customers.

Although Food Poisoning is a notifiable disease, only occasional cases are notified. There is evidence, however, of the wide-spread prevalence of mild and even more serious attacks of diarrhoea and vomiting which go unrecorded. In the last resort, the success of any Clean Food Campaign depends on the intelligent co-operation of the food handlers and every effort is made to get this co-operation. I am glad to report that the general response is good.

SECTION F.

Prevalence and Control of Infectious and other Diseases.

For the purpose of comparison, the prevalence of infectious diseases in the adjoining district of which I am also Medical Officer of Health, is given:-

AUTHORITY	TOTAL	Puerperal fever	Acute Polionecrosis	Acute halitis	Acute Anterior Poliomyelitis	Scarlet fever	Erysipelas	Faecaria	Whooping cough	Measles
Stratton Rural District	-	10	-	-	3	-	-	-	-	13
Bude-Stratton Urban District	2	-	1	-	1	2	-	-	-	6
Launceston Rural District	42	27	2	3	5	1	-	1	-	81
Launceston Borough	4	33	1	-	2	1	1	-	-	42
Camelford Rural District	19	103	14	2	14	1	-	-	-	153
<u>TOTAL</u>	67	173	18	5	22	8	1	1	-	295

It would now seem that each Summer and Autumn will be characterised by the prevalence of Poliomyelitis. The first considerable outbreak in this Country occurred in the year 1947. Prior to this date only sporadic cases used to occur and it is difficult to explain why in this Country the disease has reached minor epidemic proportions.

It must be emphasised that in relation to the incidence of infectious disease in the Country as a whole, the number of cases of Poliomyelitis is at the present relatively small whilst no attempt is being made to mitigate the seriousness of this disease, the amount of publicity which it receives by the Press and over the wireless, does tend to exaggerate the position in the minds of the general public.

Poliomyelitis is a disease of all ages and is particularly difficult to control. Several virus are responsible for different types of the disease and evidence has accumulated which shows that in addition to actual known cases, it may be spread either by healthy carriers or persons suffering from mild undetected forms of the disease. This may occur either by droplet infection sprayed in the atmosphere, or by their excretal products contaminating food, milk and water. There is a further possibility that flies coming into contact with the excretal products of such people may also spread the disease. We are further hampered by the fact that there is no rapid laboratory method of diagnosing the condition similar to the throat swab in Diphtheria. Thus it is not possible easily to detect carriers or very mild cases who are as equally infectious as the unfortunate individual who develops extensive paralysis.

The steps taken on the occurrence of a case consist of keeping the General Practitioners, Nurses and all others concerned fully informed. The schools are notified and general instructions given. Suspects and doubtful cases are referred to me and where necessary admitted to Isolation Hospital for observation and confirmation. Contacts of all cases are kept under strict surveillance until it is obvious that they are not going to develop the disease.

TUBERCULOSIS.

It is rather a disturbing fact as pointed out by our County Medical Officer of Health, Dr. R.N. Curnow, that Tuberculosis each year kills well over 100 patients in Cornwall. It is rather an ironic situation when this disease is compared with Infantile Paralysis, which as pointed out previously, costs so much a year.

During the year 1949 there was an epidemic of Poliomyelitis in the County which was responsible for 8 deaths and whereas at the moment very little can be done in the way of prevention of Infantile Paralysis, it is possible, in fact it is almost certain, that Tuberculosis can be stamped out. 400 people every week die of Tuberculosis in this Country, and although the incidence of the disease has been falling steadily for a considerable period, we now have evidence that it is again on the increase, particularly in Scotland and the North of England. The key to the problem of the

eradication of Tuberculosis is adequate housing and good living conditions supported by a sufficient number of available Sanatorium beds, so that cases or suspected persons may be quickly isolated and treated. In addition, contacts must be regularly supervised over a long period.

The institution of Mass-radiography of large sections of the population would do much to detect the unsuspected and early case, not only to the benefit of that particular individual but also in the prevention of other cases occurring.

A scheme is about to start in Cornwall to treat contacts of cases of Tuberculosis who have not yet developed the disease themselves, with B.C.G. vaccine. This is a modified form of tuberculosis organism which is harmless itself but when injected is capable of enabling the individual to resist the disease.

It is by measures such as these, together with the adequate housing of cases returned cured from Sanatoria, that this "White Plague" can and should be eradicated. A very high priority for housing must be given to tuberculosis cases by the Council if the scheme is to succeed.

DIPHTHERIA IMMUNISATION AND VACCINATION.

During the year 1949, the number of Diphtheria immunisations was 95 and vaccinations 51.

I am pleased to report that during the year no cases of Diphtheria occurred in this District.

It is interesting to note that 10 years ago, Diphtheria was responsible for 42 deaths in the County, whereas this year there have been no deaths.

